

**LIQUOR/BEER/WINE APPLICATION  
CASSIA COUNTY**

For County Use:

County License #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

New State License #: \_\_\_\_\_ (attach a copy)

Type of Application:  New or  Transfer ( Applicant or  Location)

Business Type:  Corporation  Partnership  Individual  
(Attach copy of Articles of Incorporation or Partnership Agreement)

Name of Applicant: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
of Business \_\_\_\_\_

The undersigned hereby makes application to the County of Cassia, State of Idaho for the following licenses to sell alcoholic beverages. **\*\*Note: Wine license fees are included in liquor license fee if purchasing a liquor license.**

**Check all that apply:**

- Burley Liquor License .....\$187.50
- Albion Liquor License .....\$75.00
- Declo Liquor License.....\$75.00
- Malta Liquor License .....\$75.00
- Oakley Liquor License.....\$75.00
- \*Recreation Parks Liquor License.....\$50.00

**Beer License:**

- Bottled or Canned, OFF Premises ..... \$25.00
- Bottled or Canned, ON Premises ..... \$75.00
- Draft Bottled or Canned, On Premises ..... \$100.00
- County Wine License (Bottled-Retail)..... \$100.00\*\*
- County Wine License (By the Drink) ..... \$100.00\*\*

Applicant's Relationship to Business: \_\_\_\_\_ Applicant's Contact No.: (\_\_\_\_) \_\_\_\_\_

Owner's/CEO's Name: \_\_\_\_\_ Owner's/CEO's e-mail: \_\_\_\_\_@\_\_\_\_\_

Owner's/CEO's Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_\_

Owner's/CEO's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_

Applicant's Occupation for three (3) years preceding date of application: \_\_\_\_\_

Name of Property Owner (attach a copy of the lease agreement if not personally owned): \_\_\_\_\_

Name(s) of any person(s) besides applicant having a financial interest or management in the business: \_\_\_\_\_

Does applicant or any other person with financial interest in the business have any interest in any other business that is also licensed to sell alcoholic beverages in the State of Idaho?  No  Yes (if yes, list person, name of other business and type of interest in said business on a separate sheet)

**Premises description and floor plan diagram** - NO ARCHITECTURAL BLUE PRINTS - on standard 8 1/2" x 11" paper:

Attach a sketch showing the entire area proposed to be licensed to sell, serve, dispense, or store alcoholic beverages, including patios, decks, liquor cabinets, etc. Diagram must show all entrances, exits and rooms in which the business is to be conducted. Note any changes or updates on attached diagram, if a previous diagram exists on file with the county.

Is the applicant and/or the applicant's business associates:

- 1. Citizen(s) of the United States and bona fide resident(s) of the State of Idaho for a period of not less than 30 days prior to the date of this application?      (    ) Yes    (    ) No      *If "NO", attach a written explanation.*
- 2. Over the age of 19?      (    ) Yes    (    ) No      *If "NO" attach a written explanation.*
- 3. Of good moral character, and have never been convicted of any violation of law regulating, governing or prohibiting the sale of intoxicating Alcohol/Beer/Wine?      (    ) Yes    (    ) No      *If "NO", attach a written explanation.*
- 4. Ever been convicted of a felony?      (    ) Yes    (    ) No      *If "YES", attach a written explanation.*

Applicant hereby affirms that he/she/they are eligible and has/have none of the disqualifications for a license as provided by Title 23, Chapter 9, 10 and 13 in the Idaho Code and any Amendments thereto, and does hereby agree to operate the licensed premises in conformity with established statutes stated herein.

\_\_\_\_\_ *Applicant Signature*

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }    SS

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me, a notary public in and for said state, personally appeared \_\_\_\_\_, and proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to this instrument, and acknowledged that they executed the same.

Signed: \_\_\_\_\_

Residing at: \_\_\_\_\_

(Seal)

Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_